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**GS 0466 A US** 

PTO/SB/01 (10-00)
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Attorney Docket Number

#### **DECLARATION FOR UTILITY OR DESIGN** PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted with Initial Filing

Declaration
Submitted after Initial OR Filing (surcharge (37 CFR 1.16 (e))

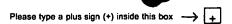
required)

First Named Inventor	Reinhard BERGER				
COMPLETE IF KNOWN					
Application Number	10 / 010,948				
Filing Date	December 6, 2001				
Group Art Unit					
Examiner Name					

As a below named inventor, I hereby declare that:					
My residence, mailing address, an	d citizenship are as sta	ted below next to my nai	me.		
I believe I am the original, first and names are listed below) of the sub					
ACTUATION MECHAI	NISM				
the specification of which	(T	Title of the Invention)			
is attached hereto					
OR	10/00/0004	as United S	tates Application	Number or PCT International	
Was filed on (MM/DD/YYYY)				(if applicable).	
Application Number 10/010.	948 and was a	amended on (MM/DD/YY	YY) [		
I hereby state that I have reviewed amended by any amendment spe	d and understand the co cifically referred to above	ontents of the above ider ve.	ntified specificatio	n, including the claims, as	
I acknowledge the duty to disclose in-part applications, material infon PCT international filing date of the	mation which became a	vailable between the filir	s defined in 37 CF ng date of the prio	R 1.56, including for continuation- r application and the national or	
I hereby claim foreign priority ben certificate, or 365(a) of any PCT America, listed below and have certificate, or any PCT internation	nternational application also identified below.	n which designated at lea by checking the box, a	ast one country o uny foreign applic	ther than the United States of ation, for patent or inventor's	
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
DE 100 60 700.4 Germany 12/07/2000					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:					
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.					
Application Number(s)	Filing Dat	e (MM/DD/YYYY)	numbers suppleme	al provisional application are listed on a ental priority data sheet 02B attached hereto.	

[Page 1 of 2]

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# DECLARATION — Utility or Design Patent Application

Direct all correspondence to: X Customer N or Bar Code	1 20010	OR 🗌	Correspondence address below		
Name Alfred J. Mangels					
Address 4729 Cornell Road					
Address					
City	<del> </del>	State Ohio	ZIP 45241		
Country US	Telephone (51	13) 469-0470	Fax (513) 489-6030		
I hereby declare that all statements made herein or are believed to be true; and further that these stat made are punishable by fine or imprisonment, or b validity of the application or any patent issued there	tements were made v oth, under 18 U.S.C.	vith the knowledge that willfi	ul false statements and the like so		
NAME OF SOLE OR FIRST INVENTOR :		A petition has been fil	ed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name BER or Surname	GER		
Inventor's R. Berga			Date 17,1.52		
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Mailing Address Sasenweg 6	•				
Mailing Address					
City Bühl State	,	ZIP D-77815	Country Germany		
NAME OF SECOND INVENTOR:		A petition has been file	ed for this unsigned inventor		
Given Name Family Name ESLY or Surname					
Inventor's Signature Date 21.02 2002  Germany German					
Residence: City Bühl	State	Germany Country	Citizenship German		
Mailing Address Tucherstrasse 26					
Mailing Address					
City Bühl State ZIP D-77815 Country Germany					
Additional inventors are being named on the 1supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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## **DECLARATION**

**ADDITIONAL INVENTOR(S)** Supplemental Sheet Page \_1\_ of 1\_\_

		_				
Name of Additional Joint Inventor, if any:					his unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname			
Julian			BUCKLER	₹		
Inventor's A was Bullu					Date (2. 2.02	
Residence: City Birmingham	State		England Country		United Kingdom Citizenship	
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₩ailing Address						
City Birmingham	State		ZIP B45 9AY	Count	y England	
Name of Additional Joint Inventor, if a	ny:		A petition has been file	d for th	is unsigned inventor	
Given Name (first and middle [if any	1)		Family Na	me or S	urname	
Inventor's Signature					Date	
Residence: City	State		Country		Citizenship	
Malling Address						
Mailing Address						
City	State		ZIP	Cou	ntry	
Name of Additional Joint Inventor, if a	terminate to		A petition has been filed			
Given Name (first and middle [if any]	)		Family	Name o	or Surname	
Inventor's Signature Date				Date		
Residence: City	nce: City State Cou				Citizenship	
Mailing Address						
Mailing Address						
City	State		ZIP	Co	untry	

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PRADEMARY TS. Patent



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## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	10/010,948				
Filing Date	December 6, 2001				
First Named Inventor	Reinhard BERGER				
Group Art Unit					
Examiner Name					
Attorney Docket Number	GS 0466 A US				

I hereby appoint:					
X Practitioners  OR	at Customer Number 20676 ) named below:	Place Customer Number Bar Code Label here			
	Name	Registration Number			
Alfred	d J. Mangels	22,605			
<b></b>					
as my/our attorney( business in the Uni	s) or agent(s) to prosecute the app ted States Patent and Trademark C	lication identified above, and to transact all Office connected therewith.			
	correspondence address for the about one of the contract of th	ove-identified application to:			
Firm or Individual Name	Alfred J. Mangels				
Address	4729 Cornell Road				
Address					
City	Cincinnati	State OH Zip 45241-2433			
Country	U.S.A.				
Telephone	(513) 469-0470	Fax (513) 489-6030			
I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
	SIGNATURE of Applicant of	r Assignee of Record			
Name	Reinhard BERGER				
Signature R. Duy					
Date 17.1.02					
NOTE: Signatures of all the forms if more than one signa	inventors or assignees of record of the entire sture is required, see below*.	re interest or their representative(s) are required. Submit multiple	е		
☑ *Total of 3	forms are submitted.				



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## POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

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Filing Date	December 6, 2001	
First Named Inventor	Reinhard BERGER	
Group Art Unit		
Examiner Name	•	
Attorney Docket Number	GS 0466 A US	

Practitioners at Customer Number   20676						· · · · · · · · · · · · · · · · ·		
Alfred J. Mangels 22,605  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Firm or Individual Name Alfred J. Mangels Address 4729 Cornell Road  Address 4729 Cornell Road  Address 10	X Practition OR	ers at Cu		20676			Number L	Bar Code
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Ifim or Individual Name Alfred J. Mangels Address 4729 Cornell Road Address 4729 Cornell Road Address City Cincinnati State OH Zip 45241-2433  Country U.S.A.  Telephone (513) 469-0470 Fax (513) 489-6030  I am the:  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Norbert ESLY  Signature Date 2.1.2.005 2  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						Registra	tion Numbe	r
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR    Firm or   Individual Name   Alfred J. Mangels	AI	fred J. M			Î			
Please change the correspondence address for the above-identified application to:  \[ \text{\text{The above-mentioned Customer Number.}} \]  OR  If im or Individual Name				· · · · · · · · · · · · · · · · · · ·				
Please change the correspondence address for the above-identified application to:  \[ \text{\text{The above-mentioned Customer Number.}} \]  OR  If im or Individual Name		<del></del>				****		
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Please change the correspondence address for the above-identified application to:  \[ \text{\text{The above-mentioned Customer Number.}} \]  OR  If im or Individual Name	<u> </u>							
The above-mentioned Customer Number.  OR  Ifim or Individual Name Alfred J. Mangels  Address 4729 Cornell Road  Address City Cincinnati State OH Zip 45241-2433  Country U.S.A. Telephone (513) 469-0470 Fax (513) 489-6030  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Norbert ESLY  Signature Date 21.2.2052  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	as my/our attorn business in the	ney(s) or a United St	agent(s) to prosect ates Patent and Ti	ute the application rademark Office co	identifi onnecte	ed above, ed therewit	and to trans	sact all
Address 4729 Cornell Road  Address City Cincinnati State OH Zip 45241-2433  Country U.S.A. Telephone (513) 469-0470 Fax (513) 489-6030  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Norbert ESLY  Signature Date 21.2.2052  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	X The above-r				ntified a	application	to:	
Address City Cincinnati State OH Zip 45241-2433  Country U.S.A. Telephone (513) 469-0470 Fax (513) 489-6030  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Norbert ESLY  Signature Date 21.2052  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		me	Alfred J. Mange	els				
City Cincinnati State OH Zip 45241-2433  Country U.S.A.  Telephone (513) 469-0470 Fax (513) 489-6030  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Norbert ESLY  Signature Date 21.2.2002  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			4729 Cornell R	load				
Country  U.S.A.  Telephone  (513) 469-0470  Fax  (513) 489-6030  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Norbert ESLY  Signature  Date  21.2.2052  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address							
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Telephone (513) 469-0470 Fax (513) 489-6030  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Norbert ESLY  Signature  Date  2.1.2.2052  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			U.S.A.					
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Name  Norbert ESLY  Signature  Date  21.2.2052  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.							
Signature  Date  21.2.2052  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			SIGNATURE of	Applicant or Assig	nee of f	Record		
Signature  Date  21.2.2052  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Name Norbert ESLY							
Date  21.2.2002  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	N, F							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Date 21.2.2062							
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Filing Date	December 6, 2001	
First Named Inventor	Reinhard BERGER	
Group Art Unit		
Examiner Name		
Attorney Docket Number	GS 0466 A US	

I hereby appo	int:					
Practitioners at Customer Number 20676  OR  Practitioner(s) named below:						
		Name				on Number
A	Ifred J. Ma	ingels			22,605	· .
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as my/our attor business in the	ney(s) or a United Sta	gent(s) to prosecu ites Patent and Tra	te the application ademark Office co	identifi onnecte	ed above, and therewith.	nd to transact all
		ondence address Customer Numbe		ntified a	application to	o:
Firm or Individual Na	ame	Alfred J. Mange	ls			
Address		4729 Cornell Ro	oad			
Address						
City		Cincinnati		State	ОН	Zip 45241-2433
Country		U.S.A.				
Telephone		(513) 469-0470		Fax	(513) 489-	6030
I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
		SIGNATURE of A	pplicant or Assig	nee of F	Record	
Name	Juliai	n BUCKLER				
Signature Signature						
Date 12.02.02						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
forms if more than one  *Total of 3		are submitted.				
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